

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10526910

Filing Date

Applicant(s) **Stanislaw Wierzbicki**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1		1					51					
2			1				52					
3			1				53					
4			1				54					
5			1				55					
6			1				56					
7			1				57					
8			1				58					
9			1				59					
10			1				60					
11			1				61					
12			1				62					
13			1				63					
14			1				64					
15			1				65					
16		1					66					
17		1					67					
18	1						68					
19			1				69					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep:	0			3			0					
Total Depend:	0		←	16	←		0	←				
Total Claims:	0	██████		19	██████		0	██████				